• • MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 568969

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

| (art.19) CLAIMS | | | | | | | | | | | | | | |
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| PTO - 1360 | (REV. 11/04 |) | | | | | | | | | MENT of CO Idemark Offic | MMERCE | | |